

FILED JAN 9 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42148

State File No. \_\_\_\_\_

Registrar's No. 84

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 603

1. PLACE OF DEATH a. COUNTY <u>Ripley</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ripley</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Doniphan, Mo. Rural Jordan Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Doniphan, Rural Jordan Twp.</u>	
c. LENGTH OF STAY (in this place) <u>15 years</u>		d. STREET ADDRESS (If rural, give location) <u>8 miles N. of Doniphan, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8 Miles North of Doniphan, Mo.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>John</u>	b. (Middle) <u>Elvie</u>	c. (Last) <u>Price</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>Dec. 7 1949</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>April 29 1891</u>	9. AGE (In years last birthday)	<u>58</u>	IF UNDER 1 YEAR	Months <u>7</u>	IF UNDER 2 HRS.	Hours <u>8</u>	Min. <u>-</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>	11. BIRTHPLACE (State or foreign country) <u>Ripley County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>Aron Price</u>	13b. MOTHER'S MAIDEN NAME <u>Kansas Bush</u>	14. NAME OF HUSBAND OR WIFE <u>Myrtle Price</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>- - -</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hattie Price, Doniphan Mo.</u>	ADDRESS <u>- - -</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <u>420)</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Heart Disease</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from June, 1949, to Dec-7-, 1949, that I last saw the deceased alive on 12-7-, 1949, and that death occurred at 11:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>J. E. Keenan, M.D.</u>	(Degree or title) <u>III</u>	23b. ADDRESS <u>Doniphan, Mo.</u>	23c. DATE SIGNED <u>12-9-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 11, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>OAK LAWN CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>DONIPHAN, MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>12-9-49</u>	REGISTRAR'S SIGNATURE <u>E. B. Johnston</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ray Means</u>	ADDRESS <u>Doniphan, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 1-3-50

District Health Officer No. 5,

District File Number 1508

Date Filed 1-6-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Ray Means

Licensed Embalmer No. 3743

P. O. Address Deniham, Md.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.